U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Hise Only
	OUT ES
	S Ross
	ES15ES
۱ ـ	101000
E	( ) (57
	NO

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6/40		Fiscal Year Covered From.	2. Fiscal Year Covered From.			
		1 / 1 / 2004 T	Through: 12 / 31 / 2004			
3. Name and address of person filing.		4. Name, file number, and acdress of la	abor organization.			
Name William	K Duffy	Name IUOE Local 138, 138	8A, 138B & 138C			
		Labor Organization File Number 0	45-683			
P.O. Box, Bldg., Room No., if any	P.O. Box 206	P.O. Box, Building and Room Number	er, if any P.O. Box 206			
Street 137 Gazza Blvd.		Street 137 Gazza Blvd.				
City Farmingdale		City Farmingdale				
State New York	ZIP Code + 4 11735	State New York	ZIP Code + 4 11735			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

		ith, or derived income or other economic benefit of inization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State	ZIP Code + 4	

## Signature

15. Signature and verification. The undersigned decisies, ander penalty of reguly and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	William	Krells	

On 8/12/05 (631) 694-2480 Teleph

Name of Person Filing William Duffy	File Number U-			
B. Held an interest in or derived income or economic penefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise			
8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 15 Union Square  City New York  State New York  ZIP Ccde+4 10003	9. Business deals with:  X a. Labor Organization b. Trust c. Employer  11.a. Nature of such dealing.			
Name	Investment Manager			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street				
	11.b. Approximate dollar value of such dealing. \$53,584			
City State ZIP Coce + 4	12.a. Nature of interest held or income received.  Golf Event 1/21/2004			
	12.b. Amount. \$136			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

Name of Person Filing Wi	illiam D	ouffy	File Number U-

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 15 Union Square  City New York  State New York  ZIP Ccde + 4 10003	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Investment Manager
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$53,584  12.a. Nature of interest held or income received.  Golf Event 1/23/2004
	12.b. Amount. \$168

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

Name of Person Filing William Duffy'	File Number U-	
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or coff an employer whose employees your labor organization represents or selling or leasing directly compart of which consists of buying from or selling or leasing directly codealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business statively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank	9. Business deals with:	
Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust	
Street 15 Union Square	c. Employer	
City New York  State New York  ZIP Code + 4 10003		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such dealing.  Investment Manager	
Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	\$53,584
City State ZIP Code + 4	12.a. Nature of interest held or income received.  Business Lunch on 3/25/2004	
	12.b. Amount.	\$60

or from any labor relations consultant t			
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

Name of Person Filing	William	Duffy	•		File Number U-	
				 		 _

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, cr lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 15 Union Square  City New York  State New York  ZIP Ccde + 4 10003	9. Business deals with;   a. Labor Organiza ic 1  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employe 's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Investment Manager	
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  golf event and dinner 4/16/2004	\$53,584
	12.b. Amount.	\$240

<ol> <li>Name and address of Employer or (including trade name, if any).</li> </ol>	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant	14.b. Amount of payment.

Name of Person Filing William Duffy	File Number U-	
B. Held an interest in or derived income or economic penefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	i 1
Name Amalgamated Bank	a. Labor Organiza.ion	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 15 Union Square	C. Kimpleyor	
City New York		
State New York ZIP Code + 4 10003		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Investment Manager.	
Trade Name, if any:		,
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	\$53,584
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Holiday Gift	
	12.b. Amount.	\$38
C. Received from any employer (other than an employer covered user from any labor relations consultant to an employer any payment of mo	under parts A and B above) oney or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13 h le the Business on Employer ar Consultant 2	14.b. Amount of payment.	

Name of Person Filing William Duffy	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Alliance Bernstein  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1345 Avenue of the Americas  City New York  State New York  ZIP Code + 4 10105	a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. none
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0  12.a. Nature of interest held or income received.  Golf Outing
	12.b. Amount. \$113
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
City State ZIP Jode + 4	14 b. Amount of programs
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

1 N - 2 N - 1 P

Name of Person Filing	William	Duffy	File Number U-	

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Carret Capital LLC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 541  Street 600 Old Country Rd.  City Garden City  State New York ZIP Code+4 11530	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. none
Street  City  State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0  12.a. Nature of interest held or income received.  Business Lunch and golf on 2/23/2004.
	12.b. Amount. \$163

<ol> <li>Name and address of Employer or (including trade name, if any).</li> </ol>	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Cade + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	711.

Name of Person Filing William Duffy	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Carret Capital LLC	X a. Labor Organization
Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 541  Street 600 Old Country Rd.	b. Trust c. Employer
City Garden City	
State New York ZIP Code + 4 11530	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	none
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing. \$0  12.a. Nature of interest held or income received.
State ZIP Code + 4	Business lunch on 3/10/04
	12.b. Amount. \$79
C. Received from any employer (other than an employer covered up or from any labor relations consultant to an employer any payment of mor	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	William	Duffy	File Number U-	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, cr (2) any part of which consists of buying from or sell ng or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Carret Capital LLC X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any Suite 541 c. Employer Street 600 Old Country Rd. Garden City City State New York ZIP Code + 4 11530 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. none Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$0 City 12.a. Nature of interest held or income received. Business lunch on 10/5/2004. ZIP Code + 4 State 12.b. Amount. \$36

<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

Name of Person Filing William Duffy	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business inclively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Schultheis & Panettieri, LLP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 210 Marcus Blvd.  City Hauppauge  State New York  ZIP Code +4 11788	9. Business deals with:    a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing Accounting Firπ.	
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Business Lunch on 10/28/2004	\$37,500
	12.b. Amount.	\$34
C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of mo	ney or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	14.a. Nature of payment	
Street		

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State